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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS **AMENDED** NEW C00196246 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2009 03 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 08 14 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule : F3XA

Line 11a(i) Col B has been corrected in this report.

Transaction ID:

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

3/29

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

D D " D 0 1 03 2009 0.3 3 1 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 681385.49 January 1 (b) Cash on Hand at 631031.97 Begining of Reporting Period ..... 18650.31 58541.31 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 649682.28 739926.80 6(a) and 6(c) for Column B) ..... 96262.62 186507.14 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 553419.66 553419.66 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 29

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

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м м 0 3 D D 31

<sup>Y</sup> 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	16402.91	45899.55
(ii) Unitemized	1245.42	7884.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17648.33	53784.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17648.33	53784.31
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	1001.98	4757.00
3. Transfers from Non-Federal and Levin Funds	3	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18650.31	58541.31
). Total Federal Receipts (subtract Line 18(c) from Line 19)	18650.31	58541.31

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 29

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	762.62	2720.14
	Expenditures(c) Total Operating Expenditures	762.62	3738.14
	(add 21(a)(i), (a)(ii) and (b))	762.62	3738.14
22.	Transfers to Affiliated/Other Party		
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	95500.00	123500.00
24.	Independent Expenditure	0.00	58704.00
5.	(use Schedule E)	0.00	38704.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
		0.00	0.00
	Loans Made  Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	565.00
	(h) Political Ports Committees	0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	565.00
	(add Lines 28(a), (b), and (c))	0.00	363.00
9.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	96262.62	186507.14
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	96262.62	186507.14

### **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17648.33	53784.31
34.	Total Contribution Refunds (from Line 28(d))	0.00	565.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17648.33	53219.31
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	762.62	3738.14
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	762.62	3738.14

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Richard Abbott		Date of Receipt
•	Mailing Address 54 TOPSIDE WAY		03 31 2009
	City MILL VALLEY	State Zip Code CA 94941	Transaction ID: 1F6CA3D1-0348-4A47- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self	Occupation Ophthamologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Belu Allam		Date of Receipt
	Mailing Address Suite 6C 800 Peakwood Drive		03 / 23 / 2009
	City	State Zip Code	Transaction ID: 4692A85EEC2FB12993
	Houston	TX 77090-2903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	91.25
	Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	
_	Full Name (Last, First, Middle Initial) Priscilla Arnold	L	Date of Receipt
	Mailing Address 140 Highway 201 N		03 13 2009
	City	State Zip Code	Transaction ID: 0751751
	Mountain Home	AR 72653-3158	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00  Batch Tool - PAC
	Name of Employer Self	Occupation Ophthamologist	Balcii 1001 - PAC
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Г			956.25

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Steven Bagan Mailing Address 4344 20th Avenue Sc	outhwest		Date of Receipt  0 3 0 3 2 0 0 9
	City Fargo	State ND	Zip Code 58103-7436	Transaction ID: 3AL3O6187468  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00  Batch Tool - PAC
	Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupation Ophtham Aggregate		Balch 1001 - PAC
В.	Full Name (Last, First, Middle Initial) Janet Betchkal Mailing Address 6335 Christopher Cre	eek Rd., Wes	t	Date of Receipt  0 3 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: F56C8645-980F-4370-
	<u>Jacksonville</u>	FL	32217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self	Occupation Ophtham	nologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
С.	Full Name (Last, First, Middle Initial)  Michael Brennan  Mailing Address 1016 Kirkpatrick Roa	d		Date of Receipt  0 3 1 8 2 0 0 9
	City	State	Zip Code	Transaction ID: 41B2835F5EA48C1FC82
	Burlington  FEC ID number of contributing federal political committee.	C	27215-9714	Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial)  Donald Cinotti  Mailing Address 600 Pavonia Avenue			Date of Receipt
	6th Floor			03 18 2009
	City	State	Zip Code	Transaction ID: 40228FB281279E50AF6
	Jersey City  FEC ID number of contributing federal political committee.	C	07306-2932	Amount of Each Receipt this Period  100.00
	Name of Employer Self	Occupatio Ophthan		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	<del>- ' ' '</del>	e Year-to-Date ▼ 300.00	
– В.	Full Name (Last, First, Middle Initial) William Clifford Mailing Address 102 Drury Lane			Date of Receipt
		<b></b>	7.0.1	03 06 2009
	City Garden City	State KS	Zip Code 67846	Transaction ID: EA3459CD-9D3C-45F5- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07040	365.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Linda Day			Date of Receipt
	Mailing Address 6309 Evanston Avenu	ie N		03 03 2009
	City	State	Zip Code	Transaction ID: 3AL3O6778568
	Seattle FEC ID number of contributing federal political committee.	C	98103-5642	Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupatio Ophthan		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			715.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) David Demartini Mailing Address Suite 222 122 La Casa Viaduct		7in Codo	Date of Receipt  0 3 0 3 2 0 0 9
	City  Walnut Creek  FEC ID number of contributing federal political committee.	State CA	Zip Code 94598-3014	Transaction ID: 3AL3O6884236  Amount of Each Receipt this Period  365.00
	Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Ophtham Aggregate		Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) David Dodwell Mailing Address 1230 Centre West Dr	rive		Date of Receipt  0 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 494AA0108E33987F8FF
	Springfield  FEC ID number of contributing federal political committee.	C	62704-2173	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
С.	Full Name (Last, First, Middle Initial) David Durfee			Date of Receipt
	Mailing Address 616 SE Manchester I	Place		03 / 04 / 2009
	City Portland	State OR	Zip Code 97202	Transaction ID: 5A4DCFEE-B747-44A3- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			965.00
İ	TOTAL This Period (last page this line number	er only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one)    X
\	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) Shehab Ebrahim			Date of Receipt
	Mailing Address 4717 Woodland Aven	ue		03 30 2009
	City <u>Metairie</u>	State LA	Zip Code 70002-1361	Transaction ID: 48728B78BD074B20323  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	<del>- ' ' '                               </del>	e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial)  David Glasser  Mailing Address Critical 24			Date of Receipt
	Mailing Address Suite 101 6350 Stevens Forest Road			03 / 09 / 2009
	City Columbia	State MD	Zip Code 21046-3240	Transaction ID: AFPO91634326
	FEC ID number of contributing federal political committee.	C	21040-3240	Amount of Each Receipt this Period  500.00
	Name of Employer Self	Occupatio Ophtham		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	<del>, '</del> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 500.00	
- :.	Full Name (Last, First, Middle Initial) Robert Jay Granadier Mailing Address 911 Charrington	<u> </u>		Date of Receipt  0 3 2 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 1BC1678C-9CF6-40F8-
	Bloomfield Hills  FEC ID number of contributing federal political committee.	C	48301	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1100.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one)    X
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Kurt Frederick Heitman Mailing Address 104 Simpson St  City Greenville FEC ID number of contributing federal political committee.  Name of Employer Self	State SC C		Date of Receipt    M M M
_	Receipt For: Primary General Other (specify)	Ophtham Aggregate	nologist  e Year-to-Date ▼  500.00	
В.	Full Name (Last, First, Middle Initial) Bonnie A. Henderson Mailing Address 102 Pegan Lane			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Dover  FEC ID number of contributing federal political committee.  Name of Employer	State MA  C Occupatio	Zip Code 02030	Transaction ID: A16C430B-F762-4B38- Amount of Each Receipt this Period  250.00
	Receipt For:  Primary  General  Other (specify) ▼	Ophtham Aggregate	nologist e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial)  Mark Hughes  Mailing Address  Suite 600  50 Staniford Street  City  Boston	State MA	Zip Code 02114-2539	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' ' '                               </del>	e Year-to-Date ▼ 1249.98	
	SUBTOTAL of Receipts This Page (optional)			1166.66

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one)    X
4	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology			
Α.	Full Name (Last, First, Middle Initial) James Jochum			Date of Receipt
	Mailing Address 787 Healthcare Drive			03 / 03 / 2009
	City Orange City	State FL	Zip Code 32763-8325	Transaction ID: AZFWCB047335  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		370.00
	Name of Employer Self	Occupation Ophtham		Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 370.00	
_ 3.	Full Name (Last, First, Middle Initial) Randolph Johnston			Date of Receipt
	Mailing Address 1300 E 20th Street			03 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: E92FD9431984
	Cheyenne	WY	82001-4021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Batch Tool - PAC
	Name of Employer Self	Occupation Ophtham		Datcii 100i - FAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
- ;.	Full Name (Last, First, Middle Initial) Kenneth Karlin	_		Date of Receipt
	Mailing Address 10101 harewood ct.			03 / 25 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: BD01A432-CCB9-4A8/
	great falls  FEC ID number of contributing federal political committee.	C	22066	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupatio Ophthan		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1870.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one)    X   11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmolog	ne name and add	ress of any political committee to	on for the purpose of soliciting contributions
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Lisa Lane Mailing Address 5790 N Camino De L	a Sombra		Date of Receipt
	City Tucson	State AZ	Zip Code 85718-3919	Transaction ID: 47F280014F3D7CAAAE7  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self	Occupation		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	Ophtham Aggregate	Year-to-Date ▼ 300.00	
- В.	Full Name (Last, First, Middle Initial) Jason Levine Mailing Address 5790 N Camino De L	a Sombra		Date of Receipt
	City	0 3 0 4 2 0 0 9 Transaction ID: 443986EAE9B7E25657A		
	<u>Tucson</u>	AZ	85718-3919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self	Occupation Ophtham	ologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с. С.	Full Name (Last, First, Middle Initial) David Lewis			Date of Receipt
	Mailing Address Suite GI-3 990 S Medical Drive			03 03 2009
	City	State UT	Zip Code	Transaction ID: 3AL3O6731518
	Brigham City  FEC ID number of contributing federal political committee.	C	84302-4713	Amount of Each Receipt this Period  365.00
	Name of Employer Self	Occupation Ophtham	ologist	Batch Tool - PAC
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			565.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one)    X
7	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Richard Lindstrom  Mailing Address Suite 200 9801 Dupont Avenue S  City Bloomington  FEC ID number of contributing	S State MN	Zip Code 55431-3200	Date of Receipt    M M
	Receipt For:  Primary  Other (specify)	Occupation Ophthan		Batch Tool - PAC
В.	Full Name (Last, First, Middle Initial) Nick Mamalis Mailing Address 2246 Willow Hills Dr  City Sandy  FEC ID number of contributing	State UT	Zip Code 84093	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary Other (specify)	Occupation Ophthan		
С.	Full Name (Last, First, Middle Initial) Thomas Moore Mailing Address 214 E Monterey Way S  City Phoenix FEC ID number of contributing	Suite 1 State AZ	Zip Code 85012-2620	Date of Receipt    M M
	Receipt For:  Primary Other (specify) ▼	Occupation Ophthan		Batch Tool - PAC
	SUBTOTAL of Receipts This Page (optional)		)	1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 29 (check only one)    X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person name and address of any political committee to you Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Sara O'Connell Mailing Address 7504 Antioch Road  City Overland Park  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code KS 66204-2622  C  Occupation Ophthamologist  Aggregate Year-to-Date   500.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Michael Redmond  Mailing Address 8333 N Davis Hwy.  City  Pensacola  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State Zip Code FL 32514  C  Occupation Ophthamologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carolyn Sakauye  Mailing Address Eye Medical Clinic of 1360 E Herndon Aver City Fresno  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)		Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology	tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Cynthia Self Mailing Address 50 Meadowbrook Rd		Date of Receipt
	City Bangor	State Zip Code ME 04401	0 3 0 6 2 0 0 9  Transaction ID: 81393601-E77E-4619-  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self  Receipt For:  Primary  General  Other (specify) ▼	Occupation Ophthamologist  Aggregate Year-to-Date ▼  250.00	
В.	Full Name (Last, First, Middle Initial)  David Shulman  Mailing Address Suite 127  999 E Basse Road		Date of Receipt  0 3 0 8 2 0 0 9
	City	State Zip Code	Transaction ID: 4314BC5319C0318F8A4A
	San Antonio FEC ID number of contributing	TX 78209-1802	Amount of Each Receipt this Period
	Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 300.00	
С.	Full Name (Last, First, Middle Initial) Sidney Simonian  Mailing Address 3490 Middlebelt Rd		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Orchard Lake	State Zip Code MI 48323	Transaction ID: 31AF0610-6A81-472E-
	FEC ID number of contributing federal political committee.	C 40323	Amount of Each Receipt this Period  500.00
	Name of Employer Self	Occupation Ophthamologist	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		850.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 29 (check only one)    X
	Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	gy Inc Politica	I Committee (OPHTHPAC)	
Δ.	Full Name (Last, First, Middle Initial) Robert Spurny			Date of Receipt
	Mailing Address 3834 N. Paseo Del S	Sol		03 15 2009
	City	State	Zip Code	Transaction ID: 6F61C8AB-EF7D-4518-
	Mesa	AZ	85207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
- В.	Full Name (Last, First, Middle Initial) Robert Tibolt			Date of Receipt
	Mailing Address 655 Medical Center I	Or NE		03 / 11 / 2009
	City	State	Zip Code	Transaction ID: 2F6F46BC-A73B-4A6C
	Salem	OR	97301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
С. С.	Full Name (Last, First, Middle Initial) Kevin Treacy			Date of Receipt
	Mailing Address 645 Ridgewood Roa	d		03 / 03 / 2009
	City	State	Zip Code	Transaction ID: 3AL3O6365142
	Duluth	MN	55804-1856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupatio Ophthan	nologist	Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Γ				2000.00

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purpose  NAME OF COMMITTE	s, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	e 103 9 State Street  State OR  ributing ee.  C  Occupati Ophtha  Aggrega	Zip Code 97504-8495  ion mologist te Year-to-Date ▼ 300.00	Date of Receipt    M
Full Name (Last, First, C. P. Wilkinson Mailing Address 770  City baltimore  FEC ID number of cont federal political committ  Name of Employer Self  Receipt For: Primary Other (specify)	7 rider hill rd  State MD  ributing ee.  C  Occupati Ophtha  Aggrega	Zip Code 21204  ion mologist tte Year-to-Date  ▼  500.00	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Arnold Yagoda Mailing Address 67 E  City New York  FEC ID number of cont federal political commits  Name of Employer Self  Receipt For: Primary Other (specify)	State NY  ributing ee.  C  Occupati Ophtha  Aggrega	Zip Code 10075-0273  ion mologist tte Year-to-Date ▼ 250.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts	This Page (optional)		850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ai or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc	c Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial)  Daryl Zelenak  Mailing Address 4309 Brambleridge Lane			Date of Receipt  0 3 0 3 2 0 0 9
	City Midland	State MI	Zip Code 48640	Transaction ID: 73D0C655-D6F1-498D- Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Solf ' '	Occupation Ophtham		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<b>•</b>	16402.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 29 (check only one)  11a 11b 11c 12 15 16 17 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any person ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	nc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial)  Bank of America  Mailing Address 101 S Marengo Avenue 3rd Floor		Date of Receipt  0 3 3 1 2 0 0 9
City Pasadena FEC ID number of contributing	State Zip Code CA 91101	Transaction ID: 08AD79A8DD5578E71CE Amount of Each Receipt this Period 981.06
federal political committee.  Name of Employer	Occupation	CD interest - Mar09
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2836.13	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	981.06
TOTAL This Period (last page this line number only)	<b>•</b>	981.06

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			LINE NUMBER: PAGE 22 k only one)							2 / 29		
_	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b		22 28a		23 28b	24 28c	E	25 29	$\longrightarrow$	26 80b	
	ny Information copied from such Reports and Stater for commercial purposes, other than using the nam											3		
	NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc	Political Committee (OP	НТН	IPAC)										
<b>∠</b> A.	Full Name (Last, First, Middle Initial) AAO						of Di	on ID: isburser	nent				 )994	
	Mailing Address 655 Beach St.					0 <sup>M</sup> 3	М	<sup>D</sup> 2	7 /	Ý Ž	0 0 5	) Y		
	City San Francisco	State Zip Code CA 94109				Amo	unt o	f Each [	Disburs	-		-	_ 1	
	Purpose of Disbursement Feiss receipt moved to Admin Candidate Name			001 tegory/		L.	•			3	65.00	)	_	
		ement For:		Гуре										
	Senate President	Primary General Other (specify)												
_	State: District:  Full Name (Last, First, Middle Initial)					Tran	eacti	on ID:	2FCA	SEB	5403	801D	3B0	
В.	Wells Fargo Bank N.A.					Date	of Di	isburser	nent				300	
	Mailing Address PO Box 63020					0,3	IVI	<sup>′</sup> 3 ·	Ĭ / L	2	0 0 5	)		
	City San Francisco	State Zip Code CA 94163				Amo	unt o	f Each [	Disburs	-		-	_	
	Purpose of Disbursement Bank charges 3/09		001			L.		• •	•	2	98.73	3		
	Candidate Name			tegory/ Type										
	Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)												
_	State: District:												_	
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.					Date	of Di	on ID: isburser	nent				D1F	
	Mailing Address PO Box 63020					0 <sup>M</sup> 3		<sup>′</sup> 3 .	1	. 2	0 0 5	9		
	City San Francisco	State Zip Code CA 94163				Amo	unt o	f Each [	Disburs	-		-	_	
	Purpose of Disbursement AMEX discount 3/09			001		L.	0			•	98.89	)		
	Candidate Name			tegory/ Гуре										
	Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼												
Г	State: District:					_							_	
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CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	One)  22
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	e and address of any political	COMMITTILLEE TO SOIL	icit contributions from such committee
American Academy of Ophthalmology Inc	Political Committee (OPI	HTHPAC)	
Full Name (Last, First, Middle Initial)			Transaction ID: 37790-73052614927
Berkley for Congress			Date of Disbursement
Mailing Address 3069 Conquista Court			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix} $
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Contribution Candidate Name		O11	
Shelley Berkley		Category/ Type	
X X	ment For: 2010 Primary General		
President	Other (specify)		
State: NV District: 01	, , , , ,		
Full Name (Last, First, Middle Initial)			Transaction ID: 37790-80778139829
Bilirakis for Congress			Date of Disbursement
Mailing Address 610 S. Boulevard		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & P \\ Y & Z & O & O & P \end{bmatrix} $	
•	State Zip Code FL 33606		Amount of Each Disbursement this Period
Tampa Purpose of Disbursement	FL 33606		1000.00
2010 Primary		011	
Candidate Name Gus Michael Bilirakis		Category/ Type	
Office Sought: X House Disburse	ment For: 2010	- 7	
	Primary General		
President State: FL District: 09	Other (specify)		
Full Name (Last, First, Middle Initial) Bluegrass Committee			Transaction ID: 37790-29633730649 Date of Disbursement
Mailing Address 400 N Capitol St NW #5			$\begin{bmatrix}\begin{smallmatrix}M\\O3\end{smallmatrix}^M&\begin{smallmatrix}\\\end{smallmatrix}&2\begin{smallmatrix}D\\2\end{smallmatrix}^D&\begin{smallmatrix}\\V&2009\end{smallmatrix}^Y$
#585 City	State Zip Code		Amount of Each Disbursement this Period
Washington	DC 20001		
Purpose of Disbursement Contribution 2009 Leadership Committee		011	2500.00
Candidate Name Bluegrass Committee		Category/ Type	
Office Sought: House Disburse Senate	ement For: 2009 Primary General		
President X	Other (specify)		
State: District: Contrib	ution		
SUBTOTAL of Disbursements This Page (optional)			8500.00

CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 29 (check only one)
TEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		
American Academy of Ophthalmology	nc Political Committee (OPHTHF	PAC)
Full Name (Last, First, Middle Initial)		Transaction ID: 91018-3904229998
Democratic Congressional Campaign C		Date of Disbursement  0 3 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 430 South Capitol Str 2nd Floor		03 19 2009
City Washington	State Zip Code DC 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution		15000.00
Candidate Name	Cate	egory/
Democratic Congressional Campaign C		ype
Office Sought: House Disb	rsement For: 2009 Primary General	
President State: District: Con	X Other (specify) ▼ ribution	
State: District: Con Full Name (Last, First, Middle Initial)	Hoution	T " ID 01010 0001501710
Democratic Senatorial Campaign Com	nittee	Transaction ID: 91018-6984521746 Date of Disbursement
Mailing Address 120 Maryland Avenue	NE	03
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	Ů	15000.00
Candidate Name Democratic Senatorial Campaign Comi	. Pro	egory/ ype
ÿ	rsement For: 2009	
Senate President	Primary General  X Other (specify) ▼	
	ribution	
Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress		Transaction ID: 91018-1597711443 Date of Disbursement
Mailing Address Post Office Box 9336		03
City Fargo	State Zip Code ND 58106	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	l i	2500.00
Candidate Name Earl Pomeroy	Cate	egory/ ype
Office Sought:  X House Senate President	x Primary General Other (specify)	
State: ND District: 01	Caron (opening)	
'		
SUBTOTAL of Disbursements This Page (option	D.	32500.00

IT		Use separate schedule(	s)		LINE N k only (					25 / 29	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		<u>`</u>	1b _	, ′ –	X 23 28b	24 280	;	25 29	2 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	ne and address of any politic	al com	mittee	to solic						
<u>L</u>	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	`					ction ID:		0-275	08181	333
	Mailing Address PO Box 270701					0 3 M			Y Ž	0 ŏ 9 `	
	City West Hartford	State Zip Code CT 06127				Amount	of Each	Disburs	-		riod
	Purpose of Disbursement Contribution 2010 Primary Candidate Name		_	011 ategory					150	00.00	
	Christopher J. Dodd	ement For: 2010		Туре	7						
	X Senate President State: CT District:	<ul><li>✓ Primary General</li><li>Other (specify) ▼</li></ul>	l								
	Full Name (Last, First, Middle Initial) Georgians for Isakson						ction ID:		8-526	07363	3462
	Mailing Address Post Office Box 250116					0 3 M	/ D	20 /	Y Ž	0 ŏ 9 `	
	City Atlanta	State Zip Code GA 30325				Amount	of Each	Disburs			rioc
	Purpose of Disbursement Contribution 2010 Primary Candidate Name		_	011					100	00.00	
	Johnny Isakson		1	itegory Type	7						
	• 🗎 –	ement For: 2010  ☐ Primary ☐ Genera  ☐ Other (specify) ▼									
	State: GA DISTICT.					Transa	ction ID:	: 3779	0-203	10610	)53
	Full Name (Last, First, Middle Initial) Grassley Committee Inc						Disburse				7
	,							ement	Y Ž	o ŏ o `	
_	Grassley Committee Inc  Mailing Address PO Box 1000  City Des Moines	State Zip Code IA 50304				Date of 0 3		27 /	ement	this Pe	
	Grassley Committee Inc  Mailing Address PO Box 1000  City Des Moines  Purpose of Disbursement 2010 Primary		_	011		Date of 0 3	/ D2	27 /	ement		
	Grassley Committee Inc  Mailing Address PO Box 1000  City Des Moines Purpose of Disbursement 2010 Primary Candidate Name Charles E. Grassley	IA 50304	Ca	011 ategory Type		Date of 0 3	/ D2	27 /	ement	this Pe	
	Grassley Committee Inc  Mailing Address PO Box 1000  City Des Moines  Purpose of Disbursement 2010 Primary  Candidate Name Charles E. Grassley  Office Sought: House Disburs		Ca	tegory		Date of 0 3	/ D2	27 /	ement	this Pe	

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use sen:	arate schedule(s)				— .	IUMBE	R:			PA	GE	26 / 2	29	
TEMIZED DISBURSEMENTS	for each	category of the		_( _	check		one) <b>1</b> 22	ГХІ	23	г	7 24		25		26
	Detailed	Summary Page		ŀ	27	´	28a	H	28b	H	28c	Н	29	$\vdash$	20 30k
ny Information copied from such Reports and Statem														5	
r for commercial purposes, other than using the name	and addre	ss of any political	com	nm	iittee t	O SOLIC	cit contr	ıbutı	ons fr	ron	n such c	comm	nittee		
NAME OF COMMITTEE (In Full)  American Academy of Ophthalmology Inc.	Political C	Committee (OP	нтн	ΗГ	PAC)										
7 mendan / leaderny or Ophthalmology me	- Ontioar C	10) 55111111100			7.0)										
Full Name (Last, First, Middle Initial)											37790	-025	59820	0818	90
Hoosiers Supporting Buyer for Congress							Date o	of Di м				,	V	V	
Mailing Address 200 North Main St. PO B							0,3	IVI		2 7		2	0 0 8	)	
200 North Main St. PO B		7:n Codo					A		( <b>-</b>		\:_ l			<b>.</b>	
,	State IN	•				Amou	nt o	Eacr	טו	isburse	meni	this i	erioc	1	
Purpose of Disbursement				U		7						100	00.00	)	
2010 Primary			L	_	11.										
Candidate Name Stephen E. Buyer					egory/ ype										
	ment For:	<b></b> 2010			ypc										
	Primary	General													
President	Other (spe	ecify)													
State: IN District: 04															
Full Name (Last, First, Middle Initial) John Shadeggs Friends							Trans Date of				91018	-654	14916	3033	74
							М	וט ונ M				′ Y	Y	Υ	
Mailing Address PO Box 45444							0 3		L	1 9	9	2	o ŏ s	9	
	State AZ	Zip Code 85064					Amou	nt o	f Each	ı D	isburse	ment	this f	Period	t
Purpose of Disbursement Contribution 2010 Primary			Г	0	11	1	L.					500	00.00	)	
Candidate Name			C	i	egory/	4									
John Shadegg					/pe										
	ment For:	2010													
Senate X President	Primary Other (spe	General													
State: AZ District: 03	Other (Spe	<b>∀</b>													
Full Name (Last, First, Middle Initial)							Trans	acti	on ID	):	37790	-461	1101	7107	96
Kirkpatrick for Arizona							Date o		sburs	em	nent				
Mailing Address PO Box 993						0 3	М	D 2	2 7	7 / Y	ž	0 0 8	) Y		
	State AZ	Zip Code 86302					Amou	nt o	f Each	ı D	isburse	ment	this f	Period	t
Purpose of Disbursement 2010 Primary				_	11	1						100	00.00	)	
Candidate Name			C	_	11 egory/	-									
Ann Kirkpatrick					/pe										
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Senate X President	Primary Other (spe	General													
State: AZ District: 01	Other (spe	ecity) 🔻													
UBTOTAL of Disbursements This Page (optional) .						<b>▶</b>	Ť				V V	700	0.00	)	
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TOTAL This Period (last page this line number only)						•		_							

Transaction ID: 37790-3175775408    City   State   Confided Name   Confided Name   Calegory   Type   City   Calegory   Type   City   Candidate Name   Candidat		Use sep	arate schedule(s)		NUMBER: PAGE 27 / 29
Any Information copied from such. Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)  Full Name (Last, First, Middle Initial)     Larson for Congress  Mailing Address 29 Ruff Circle  City State Zip Code Gliastonbury Candidate Name     John B. Larson  Office Sought: X House Senate President President Disbursement For: 2010  Senate President State: CT District: 01  City State Zip Code Other (specify) ▼  City Washington Disbursement Candidate Name National Republican Congressional Committee  Office Sought: House Purpose of Disbursement For: 2009  Office Sought: House President State: District: Contribution  Full Name (Last, First, Middle Initial)     National Republican Congressional Committee  Office Sought: House President State: District: Contribution  Full Name (Last, First, Middle Initial)     National Republican Congressional Committee  Office Sought: House Disbursement For: 2009  Senate President State: District: Contribution  Full Name (Last, First, Middle Initial)     National Republican Senatorial Committee  Office Sought: House Disbursement For: 2009  Purpose of Disbursement State: District: Contribution  Full Name (Last, First, Middle Initial)     National Republican Senatorial Committee  Office Sought: House Disbursement For: 2009  Purpose of Disbursement State: District: Contribution  Category' National Republican Senatorial Committee  Office Sought: House Disbursement For: 2009  Purpose of Disbursement President State: District: Contribution Candidate Name     National Republican Senatorial Committee  Office Sought: House Disbursement For: 2009     Purpose of Disbursement President Pr	TEMIZED DISBURSEMENTS	for each	category of the	21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)  Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury CT 06033  Purpose of Disbursement Contribution 2010 Primary Candidate Name John B. Larson  Office Sought: X House President Senator   Disbursement For: 2010   Primary General President State: CT District: 01  Full Name (Last, First, Middle Initial) National Republican Congressional Committee  Mailing Address 320 First Street  City State Zip Code DC 20003  Purpose of Disbursement 2000 Contribution Office Sought: House President State: District: 01  Full Name (Last, First, Middle Initial) National Republican Congressional Committee  Mailing Address 425 Second Street NE  City State Zip Code Disbursement Contribution Office Sought: House President State: District: Contribution Office Sough: Primary General President State: District: Contribution Office Sough: House President State Zip Code DC 20002  Purpose of Disbursement Office Sough: House President President President State: District: Contribution Office Sough: House President Presid				d by any person f	for the purpose of soliciting contributions
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$\rangle$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmol	logy Inc Political (	Committee (OPF	HTHPAC)				
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